

CITY OF NEWBURGH
RECREATION DEPARTMENT
401 Washington Street
Newburgh, NY 12550
T: (845) 565-3230; F: (845) 562-6306

Facility/Activity Reservation Form

Facility Requested _____ Date of Event _____

Description of Activity/Program _____

Sponsoring Organization _____

Contact Person _____

Address _____

Telephone Number _____

Event Start Time _____ Event Conclusion Time _____

Estimated Number of Persons Attending _____

Special Requests _____

Applicant Signature _____ Date _____

***** DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY. *****

Fees: Application Fee _____ **Date Paid** _____

Security Fee _____ **Date Paid** _____

Usage Fee _____ **Date Paid** _____

Other Fees _____ **Date Paid** _____

Fees Due _____

Total Fees Paid _____ **Date Paid** _____

Certificate of Insurance provided? _____

Recreation Supervisor approval _____ ***Date*** _____

Reservation Number _____